

State File No. **11984**  
 Registrant's No. **1532**

**WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD**

BIRTH NO. _____		REG. DIST. NO. <u>197</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1532</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>709 Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>709 Washington</u> <u>311 1/2</u>			
3. NAME OF DECEASED (Type or Print) <u>Glenn</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Brussey</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>4</u> (Year) <u>54</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>			
8. DATE OF BIRTH _____		9. AGE (In years last birthday) <u>App 60</u>		10. IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____			
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		12. KIND OF BUSINESS OR INDUSTRY _____		13. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>			
14. CITIZEN OF WHAT COUNTRY? _____		15. FATHER'S NAME <u>Unknown</u>		16. MOTHER'S MAIDEN NAME _____			
17. NAME OF HUSBAND OR WIFE _____		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		19. SOCIAL SECURITY NO. <u>Unknown</u>			
20. INFORMANT'S SIGNATURE OR NAME <u>Coroner's Office</u>		21. ADDRESS <u>K. C. Mo.</u>		22. MEDICAL CERTIFICATION 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>7955</u>			
23. DATE OF OPERATION <u>1954</u>		24. MAJOR FINDINGS OF OPERATION <u>No Relatives</u>		25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
26. ACCIDENT (Specify) <u>Natural</u>		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		28. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
29. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		31. HOW DID INJURY OCCUR? _____			
32. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
33. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>		34. ADDRESS <u>1034 Pkto Bldg</u>		35. DATE SIGNED <u>4-6-54</u>			
36. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		37. DATE <u>4-7-54</u>		38. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary K. C.</u>			
39. LOCATION (City, town, or county) <u>K. C. Kansas</u>		40. (State) _____		41. FUNERAL DIRECTOR'S SIGNATURE <u>Sebbeto Funeral Home</u>			
42. DATE REC'D BY LOCAL REG. <u>4-6-54</u>		43. REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		44. ADDRESS <u>K. C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Lowest D. Callahan .....

Licensed Embalmer No. 4714 .....

P. O. Address K. E. Mc .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.